

**HEALTH ADMINISTRATIVE MANUAL****INFORMATION TECHNOLOGY SERVICES****SECURITY AND CONFIDENTIALITY ACKNOWLEDGEMENT****6-1000.6.**

**I have read the Information Security Policy and will comply with the security requirements indicated in the policy. Also, I understand the need to:**

1. Exercise due care to preserve data integrity and confidentiality;
2. Treat passwords as confidential information and change them on a regular basis to help insure that security is maintained;
3. Take reasonable precautions to ensure the protection of Department data from unauthorized access or destruction;
4. Conduct regular virus checks to help avoid contamination of Department data files; and
5. Notify my supervisor and the Department Information Security Officer of a possible security violation including unauthorized access, loss or destruction of equipment, misuse, theft, possible virus, etc. (see Section 5350 of the State Administrative Manual).

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Employee name (please print)

Division	Telephone Number (     )
Employee's signature	Date
Supervisor's signature (permitting access)	Date

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